



2019 PRIVATE AMBULANCE SERVICE INITIAL AND RENEWAL APPLICATION

Please read and complete the following application carefully. Make sure all information is accurate to prevent a delay in verification and processing. Only when all items have been submitted will your application be complete. When your application is approved you will be contacted about the approval and how to schedule your decal inspections. Permits will be valid for 12 months from the expiration of your last permit.

- **You will not be able to receive your Ambulance Service Permit until you have at least one of your ambulances pass inspection and receive their decal.**
- **EMS Providers are encouraged to submit renewal applications 30 days prior to the Ambulance Service Permit expiration date.**
- **Providing ambulance service after the Ambulance Service Permit expiration date will result in enforcement action.**

EMS Providers are strongly encouraged to keep the City of Houston updated about any changes within the company.

2019 EMS Fee Schedule			
	Unit Fee	Admin Fee	Total
EMS DRIVER ID	\$116.75	\$29.18	\$145.93
EMS INITIAL COMPANY PERMIT	\$1,167.49	\$29.18	\$1,196.67
EMS RENEWAL COMPANY PERMIT	\$934.00	\$29.18	\$963.18
EMS AMBULANCE DECAL	\$321.06	\$29.18	\$350.24

Contact the office to determine if you owe initial or a renewal fee.

Mail or deliver applications:
City of Houston – EMS Program
7427 Park Place Blvd
Houston, TX 77087

We accept checks, money orders or walk in credit card (Master Card, Visa or Discover)
Please make checks or money orders payable to: City of Houston



Ambulance Service Permit Checklist

In order for your application to be approved **ALL** boxes must be checked

- ☐ **Application Main Page, and Company Operation Sheet**, complete and accurate.
- ☐ **Affidavit of Ambulance Service Manager Acknowledgement**, accurate and notarized.
- ☐ **Copy of full Medical Protocols in digital format**. Protocols must be provided on CD or USB Drive and in a Microsoft Word or Adobe PDF format.
- ☐ **Signature page for Medical Protocols** with *original* (pen to paper, not electronically printed on) signature from the Medical Director, effective date and expiration date. (*Print this page out and have your Medical Director sign and date it.*)
- ☐ **Equipment and medication list from protocols** with *original* (pen to paper, not electronically printed on) signature from the Medical Director, effective date and expiration date. (*Print this page out and have your Medical Director sign and date it.*)
- ☐ **Anaphylaxis/Epi training paperwork**, if your Protocol lists Epinephrine kits and not Epi pens in your BLS capable units and you staff EMT-B employees. The following training paperwork must be provided:
 - A copy of the course outline used for the Epinephrine injection training approved by the Medical Director.
 - A copy of any certificates or paperwork showing the completion of the course by each employee.
- ☐ **Document showing EMS Provider is registered as a legal business** Ex. copy of Articles of Incorporation, Certificate of Formation.
- ☐ **Current copies of Driver License for each person listed as the owner** of the company. Photos and text must be clear.
- ☐ **Current copy of Driver License for the individual who signed the Affidavit of Ambulance Service Manager Acknowledgement**. Photos and text must be clear.
- ☐ **Current copies of Texas Driver License, Texas DSHS certification and City of Houston Ambulance Driver Permit** for each employee listed on the application. Photos and text must be clear in all copies of IDs.
 - You must have at least two employees for each ambulance you are permitting.
 - You must have enough employees which hold a current City of Houston Ambulance Driver Permit to operate all your ambulances.

Note: A current digital photograph of employees may be requested if the Texas Driver's license photo is not current and clear.



- ☐ **Copy of each Vehicle Authorization License** issued by the Texas Department of State Health Services. *This is the document posted in the patient compartment of each ambulance as required by state law.*
- ☐ **Certificate of Auto Liability Insurance**
 - Must show the City of Houston as a certificate holder or additional insured. In the Box Labeled Certificate Holder the text must read:
Houston Health Department – EMS Program
7427 Park Place Blvd Houston, TX 77087
 - Must have the VIN of each ambulance you wish to permit listed on your Certificate of Auto Liability Insurance as covered. List VINs in the Description of Operations box.
 - Insurance coverage must be in compliance with Chapter 4, Section 15 of the City of Houston Code of Ordinances:
“Such policy shall provide liability insurance in the amount of not less than fifty thousand dollars (\$50,000.00) for any one accident and not less than twenty five thousand (\$25,000.00) for injury to any one person. Such insurance policy shall not contain passenger liability exclusion. Each policy shall contain a provision obligating the insurer to give to the health officer written notice of cancellation not less than ten (10) days prior to the date of any cancellation”.
- ☐ **Non-refundable Application and Decal fees with the application:** Made payable to the City of Houston only by Personal Check, Company Check (with pre-printed company name, address and telephone number), Cashier’s Check or Money Order. Permits will not be processed without payment of all fees.



2019 Ambulance Service Permit Application Main Page

To the Houston Health Department of the City of Houston, Texas: In conformity with the City Ordinance, application for an Ambulance Service Permit is hereby submitted on behalf of the EMS Provider whose information is provided below:

Ambulance Service Full Name _____

TDSHS Company License Number _____

Mailing Address _____

Company Office Address _____

Ambulance Storage Address _____

Telephone # _____ E-mail address _____

Owned by the following person(s)

Last and First Name	Home Address	Driver License #

Medical Director _____ Medical License # _____

Business Address _____

Telephone # _____ E-mail Address _____

Ambulance Service Operator or of the Ambulance Service described above is:

Last and First Name _____ Phone Number _____



Affidavit of Ambulance Service Owner or Operator Acknowledgement Form

(To be signed by the Responsible Person for the Company)

The information submitted in the Private Ambulance Service Application is true, complete and accurate. I understand that submitting an incomplete or inaccurate application will result in the forfeiture of my application fee, and falsification of the information contained herein will result in the forfeiture of my Private Ambulance Service permit. I acknowledge the receipt of the Ambulance Service Fact Sheet and I understand that by signing this application I will be recognized as the responsible party and may receive all enforcement action.

Ambulance Service Owner/Operator *(Responsible Person)*: _____
(Print Full Name)

Affiant: _____
(Signature of Responsible Person)

Subscribe and sworn to before me by affiant this _____ day of _____ 20_____.

Notary Signature

NOTARY PUBLIC in and for THE STATE OF
Ink notary stamps only. No embossed stamps.

My commission expires: _____.



Company Operation Sheet

Company Name: _____ Date: _____

Do you have a contract to pick up or deliver patients? _____ YES _____ NO

If YES, list the entity(ies) you have a contract with: _____

Do you offer wheelchair van services in the City of Houston? _____ YES _____ NO

If you do have a contract with the City of Houston or Harris County, please include a copy of the contract.

Provide a brief summary of the services you offer:

Have you ever had your state license suspended/revoked/probated? Or received an administrative penalty/fine from the State? If yes, explain:

How does the company verify their employees have current City of Houston ambulance driver permits?

List the top 5 locations and times within the City of Houston where patients are picked:



Vehicle Information

In conformity with the City Ordinance concerning the Licensing of Ambulance Services, the EMS Provider listed below requests permission from the Director of the Houston Health Department to operate the following ambulance vehicles:

	Vehicle ID Number (VIN)	Year and Make	License Plate #	TDSHS Veh. Auth. #	Level (Ex. BLS)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
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25					
26					
27					
28					
29					
30					

EMS Provider Name

Date



Employee Information

In conformity with the City Ordinance concerning the Licensing of Ambulance Services, the EMS Provider listed below requests permission from the Director of the Houston Health Department to staff its ambulances with the following employees:

	Employee Name Last, First	EMT Level	Texas Driver's License #	Daytime Telephone Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
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30				

EMS Provider Name

Date



Ambulance Service Fact Sheet

This information will aid in preventing enforcement. This fact sheet should not be interpreted as being all inclusive of the laws ambulance service providers are held to by the City of Houston Chapter 4 Ordinance.

- In the field ambulances are subject to spot inspections by City of Houston health officers. Refusing a spot inspection will result in enforcement action.
- Ambulance drivers must carry on them their City of Houston Ambulance driver's permit, State EMS certification, and driver's license when driving an ambulance in the City of Houston. Failure to present a valid driver's permit to the health officer will result in enforcement action.
- Ambulance attendants must carry on them their State EMS certification and driver license or government issued ID when working on an ambulance in the City of Houston.
- HFD is not exempt from obtaining a City of Houston ambulance driver permit when driving a private ambulance.
- Operating an ambulance in the City of Houston without a valid decal affixed to the ambulance by a health officer will result in enforcement action. This does not exclude ambulances that have had their decals paid for or are even scheduled to receive their decals. The ambulance must pass inspection and receive its decal before it can be legally operated.
- If you have a backup ambulance you plan to operate for any reason, that ambulance is required to obtain a city of Houston decal prior to being operated in the City of Houston.
- EMS Providers are required to obtain permission from the Houston Fire Department Dispatcher before running Emergency Lights and Sirens within the city limits of Houston. Call 713-884-3143 when requesting permission to run emergency lights and sirens.
- Ambulance Service permit applications are processed as quickly as possible, missing information will slow down the approval process. To have time to bring all your ambulances in for their decal inspections before their decals expire it is advised to apply 30 days prior to the current expiration of your permit.
- If you sell or go out of business notify the EMS Program immediately and surrender decals and permits.
- When adding an ambulance to your permit all required paperwork must be turned in and the decal payment must be made prior to scheduling the inspection.
- Decal is nontransferable between ownerships and ambulances.



Decal Inspection Guide

Be sure when your ambulance is brought to for inspection, it is equipped and supplied to the highest level listed on the Texas DSHS license. For example; if the ambulance is licensed as BLS with MICU capability, it will be inspected at the MICU level, and will be required to have all MICU equipment and medications. It is the responsibility of the company to schedule and present each ambulance(s) for inspection. Upon inspection, if the ambulance is in compliance, a City of Houston Ambulance Decal will be affixed to the rear right window or similar location. Each ambulance decal will expire concurrently with the exact day listed on the Company Ambulance Service Permit. Decal is nontransferable between ownerships and ambulances.

Note: If for any reason (shortage, changes in protocol, cost etc.) you no longer carry a medication that is listed on your Protocol's equipment and medication list, you must have a letter of approval from your Medical Director. The letter should include what changes will be made to the Protocol (i.e. operating without the medication has been approved, operating with a substitute medication, using the expired medication). If the expired medication will be used how long past the expiration date is the use allowed.

For more detailed information about equipment requirements visit the Houston Health Department website www.houstontx.gov/health/EMS or call (832) 393-5603.

Vehicle Requirements

- Current TDSHS vehicle license
- Current State Inspection
- Current Liability Insurance
- Current Registration & Plates
- Name of Service on Both Sides
- Unit # Displayed on Both Sides
- No Unauthorized Wording or Markings
- No Smoking Signs Front Rear
- Tires in Good Condition
- Doors in Acceptable Condition
- All Items Securely Stored
- Dome Light High Low
- Seat Belts Front and Rear
- Emergency Lights
- Emergency Siren
- HVAC Front and Rear
- Vehicle Horn
- Vehicle Lights, all functioning
- Windshield Free from Obstructions
- Communications Equipment
- Steps and Body Free from Major Damage
- Positive Locks on Cabinets and Seats
- Free from Exposed Electrical Hazards
- Clean Equipment Pt. Area

Basic Life Support (BLS) Supplies

- Protocols Signed
- 3 Emergency Road Triangles
- 2 Flashlights with Extra Batteries
- 5# BC Mounted Fire Extinguisher w/gauge, must be full, mounted, and tagged with a current inspection tag. Must be easily seen and easily assessable from the patient compartment
- Current Hazmat ERG
- Reflective Vests
- Clean Sheets, Min. 4
- Blankets, Pillows
- Protective Eye Wear
- Protective Gowns
- Protective Shoe Covers
- Protective Gloves
- Protective Respiratory Masks N95 or N100
- Disposable Disinfectant Cleaning Supplies
- Red Medical Waste Bags
- No Reusable Cleaning Materials
- Interior in Acceptable Condition
- Hand Antiseptic
- Sharps Container Fixed and Portable
- Wide-bore Suction Tubing
- Rigid Pharyngeal Curved Suction Tip (Yankauer)
- Flexible suction catheters. One sized between 6-10F and one sized between 12-16F.



- AED with No Error Messages
- Back up battery for AED
- AED Pads Adult and Pedi
- Multi-Level Stretcher & Mount
- Stethoscope
- BP Cuffs, child, adult, and large adult
- Arterial Tourniquet
- Trauma Shears
- Thermometer with Covers
- Airways, oral and nasal
- B.V.M. adult, child, and infant
- Secure Main O2
- Portable O2 with regulator
- O2 Devices, adult and child nasal cannula and non-rebreathers
- Suction Mounted and Portable
- Epi Auto-injector, or epi administration kit, adult and child
- Oral Glucose
- Sterile saline solution for irrigation (bottles or bags)
- Disposable Bags & Basins
- Triangular Bandages, Min. 2 with 2 safety pins each
- Sterile 4x4's
- Occlusive Dressings 3x8 or Larger
- Adhesive Tape, Various Sizes, Min. 2
- Roller Gauze, Various Sizes
- Sterile Trauma Dressings, Min. 2
- Sterile Burn Sheets, Min 2
- Disposable Emergency Blankets, Min. 2
- Cold Packs, Min. 2
- Sterile O.B. Kit with towels, umbilical tape, sterile scissors or other cutting utensil, saline drops, bulb suction, clamps for cord, sterile gloves
- Separate Infant Insulating Device
- Cervical Collars adult, child, and infant
- Head Immobilizer
- Traction Splint, adult and child
- Extremity Splints, various sizes
- Backboard Straps, at least 3 or webbing
- Short Board or K.E.D.
- Stair Chair or Carry Chair
- Long Backboard
- Triage Tags
- Pediatric Sizing/Dosing Reference/Tape
- Lubricating jelly
- Other Meds Per Protocols
- Glucometer
- Pulse Oximeter

Advanced Life Support (ALS) Supplies in Addition to BLS Supplies

- ALS Protocols Signed
- Laryngoscope Handle with Extra Batteries
- Laryngoscope Blades Per Protocol
- E.T. Tubes Per Protocols
- Lubricating Jelly
- Magill Forceps, adult and child
- IV Catheters, per protocols
- Syringes, various sizes per protocols
- Needles, various sizes per protocols
- End-tidal CO2 Detection Capability
- IV Fluids
- IV Drip Sets, microdrip and macrodrip per protocols
- IV Starter Kits
- IV arm boards, adult and child
- Antiseptic solution
- Specialized Airway Equipment
- IV Pole or Roof Hook
- Specialized IV Equipment
- Intraosseous Needle, or devices appropriate for adult and child

Mobile Intensive Care Unit (MICU) Supplies in Addition to BLS and ALS Supplies

- MICU Protocols Signed
- Cardiac Monitor
- Extra Batteries for Monitor
- Extra Paper
- Electrodes
- Combo Pads or Paddles
- Medications Per Protocols
- Medications Stored Properly
- Narcotics Locked
- Narcotics Log
- Specialized Equipment, per protocols

Reference: "Equipment for Ambulances April 2009" ACS-ACEP-NAEMSP